

CLAIMS ONLY							Application Number <i>10527437</i>	Filing Date				
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	/						51					
2		/					52					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep		/					Total Indep					
Total Depend		10					Total Depend					
Total Claims		11					Total Claims					